## 209000064840

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			

Special Instructions to Filing Officer:

A. LUNT

APR -4 2010

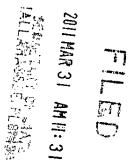
**EXAMINER** 

Office Use Only



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## **COVER LETTER**

то:	Registration Section Division of Corporations			
SUBJI		Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
	Bryan Virts Name of Person	20 HAR 3		
	Virts Lawn Care Firm/Company			
PO Box 45072  Address				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Bryan Urts at (813) 486-8890  Name of Person Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:				
Ĭ	\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:	Laur Care LLC			
2. (a) Principal office address of limited liability company				
(Note: MUST BE STREET ADDRESS)	2929 W. Burke Street			
(b) Mailing address of limited liability company:	·			
(Note: MAY BE POST OFFICE BOX)	PO BOX 45072 Tampa FL 33677			
3. Date of filing/registration in Florida	L0900064840  4. Document number			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:	Jane Sobotta			
Registered Office Address:	318 West Cayuga Street			
	Tamp9 FL 33603			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				
NEW Registered Agent:	Jane Sabotta			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2929 W. Burke Street Tampa ,FL 33614			
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Floand the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwork the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Printed or typed name of signee  I hereby accept the appointment as registered agent and agreement of the provisions of all statutes relative to the provisions of all statutes relative to the provision of the provisions of the obligations of my post chapter 608, F.S. Or, I his document is being filed to mer address, I hereby cartilism that the limited liability company Signature of Registered Agent	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization			
Division of Corporations, P.O. Box 632	7, Tallahassee, FL 32314			

**FILING FEE: \$25.00**